

09/218 308

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FACSIMILE TRANSMISSION COVER SHEET

DELIVER TO: Group Art Unit 2854

FROM: Glenn L. Webb Direct telephone: (303) 838-8610

DATE: July 25, 2002

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Notice of Appeal
Petition to extend time

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PTO/58/31 (02-01)

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NOTICE OF APPEAL FROM THE EXAMINER TO THE BOARD OF PATENT APPEALS AND INTERFERENCES		Docket Number (Optional)						
<p>I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Assistant Commissioner for Patents, Washington D.C. 20231" on <u>7/23/2002</u>.</p> <p><i>[Handwritten signature over typed name]</i></p> <p>Signature <u>Glenn L. Webb</u></p> <p>Typed or printed name <u>Glenn L. Webb</u></p>								
<p>In re Application of Chris Seres</p> <table border="1"> <tr> <td>Application Number 09/218,308</td> <td>Filed 12/22/1998</td> </tr> <tr> <td colspan="2">For Protective Cover for Printers</td> </tr> <tr> <td>Group Art Unit 2854</td> <td>Examiner Nguyen</td> </tr> </table>			Application Number 09/218,308	Filed 12/22/1998	For Protective Cover for Printers		Group Art Unit 2854	Examiner Nguyen
Application Number 09/218,308	Filed 12/22/1998							
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Applicant hereby appeals to the Board of Patent Appeals and Interferences from the last decision of the examiner.

The fee for this Notice of Appeal is (37 CFR 1.17(b))

\$ 320

- Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee shown above is reduced by half, and the resulting fee is: \$ _____.

A check in the amount of the fee is enclosed.

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- applicant/inventor.
 - assignee of record of the entire interest.
See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)
 - attorney or agent of record.
 - attorney or agent acting under 37 CFR 1.34(a).
Registration number if acting under 37 CFR 1.34(e).

Signature

Glenn L. Webb

Typed or printed name

7/25/2002

Date

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

*Total of _____ forms are submitted.

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